

CALIFORNIA

FORM 9000R & INSTRUCTIONS



2002 RENTER ASSISTANCE CLAIM BOOKLET

You may qualify for Renter Assistance even though you are not required to file a state income tax return.

Members of the Franchise Tax Board

Kathleen Connell, Chair

John Chiang, Member

B. Timothy Gage, Member

Are You Eligible?

File a claim if:

You were **one** of the following on December 31, 2001:

- 62 years of age or older;
- Blind; or
- Disabled; **and**

You meet **all** of the following requirements:

- You paid \$50 or more rent per month in 2001;
- Your total household income for 2001 was \$37,119 or less; **and**
- You are a United States citizen, a designated alien, or qualified alien when you filed your claim.

Note: Use this booklet to file your 2002 Renter Assistance Claim. The qualifying period for this booklet is calendar year 2001; therefore, you will be providing information relating to the 2001 calendar year.

Free Help

Free assistance is available between July 1 and October 15.

Franchise Tax Board field offices will not be able to fill out Renter Assistance claim forms this year due to budget constraints. Volunteers are available to provide help. Call (800) 338-0505 or visit our Website at www.ftb.ca.gov to get the address of a Homeowner or Renter Assistance Volunteer site near you.

If you need help completing the claim form in this booklet, please see page 2 and page 20.

Asistencia Gratis en Español:

Asistencia gratis bilingüe en Español se describe en la pagina 20 de este folleto.

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STATE OF CALIFORNIA
FRANCHISE TAX BOARD



Renter Assistance

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Free Assistance

Franchise Tax Board field office staff will not fill out Renter Assistance claim forms this year due to budget constraints. However, volunteers are available to provide help.

A statewide volunteer assistance program provides free claim preparation help between July 1 and October 15, 2002 for completing your claim form. Call the Franchise Tax Board at (800) 338-0505, your local Senior Citizens Information and Referral Service, or your state legislator's office for the Homeowner and Renter Assistance (HRA) volunteer site nearest you. You can also view the Franchise Tax Board internet Website at **www.ftb.ca.gov**

If you need information to complete your claim form or to find out about your assistance check, call (800) 338-0505.

Letters

If you need to write to us, send your letter to:

FRANCHISE TAX BOARD
PO BOX 942886
SACRAMENTO CA 94286-0940

Include your social security number and your daytime and evening telephone numbers in your letter. We will respond to your letter within 15 weeks. In some cases, we may need to call you for additional information.

Forms

You can download, view, and print claim forms and publications. Go to our Website at: **www.ftb.ca.gov**

You may also order forms and publications by phone. See "Where To Get Claim Forms" on page 20 for instructions.

What's New **Annual HRA filing period change**

The annual HRA filing period for filing Renter Assistance claims was changed starting with the 2001 claim year. The 2002 annual HRA filing period will take place between July 1, 2002 and June 30, 2003.


Total Household Income Limits Increase

The maximum total household income you could have had in 2001 and still be eligible to file for claim year 2002 is \$37,119. For details, see "Who May File a Renter Assistance Claim Form" on page 3.

Commonly Asked Questions

Where Do I Call for Help? (800) 338-0505

Information about the Renter Assistance Program is available 24 hours a day, 7 days a week by calling our Toll-Free Phone Service at (800) 338-0505. Refer to the back cover of this booklet for the list of codes for commonly asked questions. Select Homeowner and Renter Assistance, then General Information, and enter the three-digit code when instructed. Have a pencil and paper ready to take notes.

In addition, you will see a phone symbol  in the margin next to some paragraphs in this instruction booklet. The number below the phone symbol is the code for recorded information on that topic.



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What is Renter Assistance?

Renter assistance is a once-a-year payment to qualified individuals from the State of California based on part of the property taxes that you pay indirectly when you pay your rent. The maximum assistance payment allowed is \$347.50.

Note: Renter assistance is different from the nonrefundable renter's credit claimed on your state income tax return.



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Who May File a Renter Assistance Claim Form?

You may file a Renter Assistance Claim for 2002 if you were any of the following on December 31, 2001:

62 years of age or older (See **Note** on page 6, line 4a), **or** Blind; **or** Disabled; **and** meet **all** of the following:

- Lived in a qualified rented residence in California and paid \$50 or more per month for rent during 2001; and
- Had total household income of \$37,119 or less in 2001; and
- Had gross household income of \$67,490 or less in 2001. Gross household income is total household income (form FTB 9000R, Renter Assistance Claim, line 16) plus all non-cash business expenses such as depreciation, amortization, and depletion; **and**
- Are a United States citizen or a designated alien (see page 19) including a qualified alien when you file your claim.



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Note: A married couple residing in the same rented residence is considered one renter and may file only one claim. If you live in a rented residence with other qualified renters, each renter may file a separate claim.

The federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the Act) requires that payments for homeowner and renter assistance claims be distributed only to United States citizens and certain designated aliens, including qualified aliens. To apply for these benefits, you must provide a declaration stating your citizenship or alien status. Completing form FTB 9000R, line 1 and line 2 and signing the form when you get to Step H provide the required declaration of your citizenship or alien status.

The Franchise Tax Board may request additional documentation or evidence to substantiate your declared status. The Act authorizes the Franchise Tax Board to compare information with the Federal Immigration and Naturalization Service (INS) to verify the immigration status you declare. Applicable regulations also provide that information concerning aliens who cannot prove their declared alien status, after being provided an opportunity to do so, shall be reported to the INS.

What is a Qualified Rented Residence?

You or your landlord must pay general property tax or amounts in lieu of property tax for a property to be considered a qualified rented residence.

Note: If property taxes or amounts in lieu of property taxes are not paid for your rented residence, you may not file for renter assistance. If there are any questions regarding the tax-exempt status of your property, ask your landlord.

A qualified rented residence also must be:

- Your principal place of residence; and
- Located in California.

Various types of rented residences may qualify for renter assistance. Some of the most common types of residences are:

- Single family dwellings;
- Apartments;
- Hotel rooms;
- Mobile homes;
- Boarding houses;
- Convalescent homes;
- Duplexes;
- Flats; and
- Floating homes.

If you paid a vehicle-type tax on your mobile home to the Department of Housing and Community Development, you may file either as a homeowner or as a renter, but not both.

When Should You File Your 2002 Claim?

You should file your claim between July 1, 2002, and October 15, 2002 if possible.

What If You Do Not File Your 2002 Claim Before October 15, 2002?

You can file a 2002 claim until June 30, 2003. However, free volunteer assistance is not available after October 15, 2002. In addition, processing your claim can take considerably longer after October 15, because income tax processing takes priority over HRA claims during the tax filing season.

Can I File an Assistance Claim for Past Years?

A claim for 2001 may be filed until June 30, 2002. All other prior claim years that are filed will be denied unless you were medically incapacitated (hospitalized or confined to a convalescent hospital during the entire 12 month filing period). If a medical incapacity prevents you from filing your current or past claim, you must file the claim by the earliest of the following dates, and attach proof of medically certified incapacity:

- Within six months after your medical incapacity ends; or
- Within three years of the end of the fiscal year for which you wish to claim the assistance. For example, for claim year 2002, you will need to file by June 30, 2006, or within six months after your incapacity ends, whichever date is earlier. **However, do not use the 2002 claim form to file claims for prior years.**

There are **no** other exceptions that would allow you to file a claim for past years.

When Will Renter Assistance Checks be Mailed?

Most renter assistance checks will be mailed within 15 weeks from the date you filed your claim, if you file by October 15, 2002, the required documents are attached to your claim, and your claim form is complete. See page 11 for a list of the required documents.

Please wait 15 weeks from the date you filed your claim before you call us about your assistance check. It may take up to 15 weeks to process your claim. If you call before we have processed your claim, we will not have information about your check.

If your claim form is not complete, we may call or write for additional information.



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Will passage of the 2002 state budget affect my payment?

The HRA program may be impacted by provisions of the 2002 state budget. If passage of the budget is delayed and the Governor does not sign the budget until after July 1, 2002, payments may be delayed for several weeks. All HRA claim processing estimates provided in these instructions are from the date that the budget is signed into law.

Claimant in Medical Institution

A claimant who is temporarily confined to a hospital or medical institution for medical reasons will not lose his or her eligibility for HRA if their dwelling was the principal place of residence immediately prior to such confinement.

Death of Claimant**If the date of death is on or before January 1, 2002:**

No person may file a claim on behalf of a person who died on or before January 1, 2002.

If the date of death is on or after January 2, 2002:

Only the surviving spouse of an eligible claimant who died on or after January 2, 2002, and did not file a claim may file a claim on behalf of the deceased spouse. However, if you are eligible to file your own claim, you should file your own claim instead of filing on behalf of your deceased spouse.

If the eligible claimant died after the claim was timely filed, any assistance attributable to such a deceased claimant may be paid to the surviving spouse, and if no surviving spouse, to any other household member who is a **qualified claimant**.

Before You Begin

Make sure you have the 2002 Renter Assistance Claim, form FTB 9000R.

Gather **all** of your 2001 income records.

Step-by-Step Instructions

We provide step-by-step instructions to help you complete your form FTB 9000R. Fill in only those lines that apply to your situation. If you need information or forms that are not included in this booklet, see the back cover.

Step-by-Step Instructions for Completing the Claim Form

2002 form FTB 9000R, Renter Assistance Claim, is on page 13 of this booklet.

STEP A Name, Address, and Social Security Number

If your booklet has a label on the front:

If the information is correct, attach the label to your completed claim. If the information is incorrect, cross out any errors and print the correct information. Place it on the name and address area in Step A of form FTB 9000R.

If your booklet does not have a label on the front:

Print in ink or type your full name and mailing address in the spaces provided in Step A at the top of form FTB 9000R.

Private Mailbox (PMB) Numbers

If you lease a private mailbox (PMB) from a private business rather than a PO Box from the United States Postal Service, include the box number in the field labeled "PMB no" in the address area.

Social Security Number

Enter your social security number in the space provided. If you are married, you must also enter your spouse's social security number in the other space provided.

STEP B Filing Status

Line 1 – Are you a United States citizen?

Yes. Check "Yes" on line 1, skip line 2 and go to line 3.

No. Check "No" on line 1 then go to line 2.

Line 2 – Benefit Eligibility for Noncitizens

Use the chart on page 19 to find the benefit eligibility code that matches your alien status. Then enter your alien status code on line 2a, alien registration number on line 2b, and date of entry to the United States on line 2c.

If you do not provide the complete information requested on lines 2a, 2b, and 2c, or if your alien status is not included in the Eligibility Code Chart for Noncitizens on page 19, you cannot receive homeowner or renter assistance benefits.

Line 3 – Date of Birth

You must enter the month, day, and year of your birth on line 3.

Example: If you were born on May 21, 1938, you would enter 05/21/1938 on line 3.

Line 4a – Check the appropriate box on the form: 62 or Older

If you were 62 or older on December 31, 2001, regardless of blindness or disability, check box A.

Note: If you turned 62 on January 1, 2002, you are considered to be 62 on December 31, 2001. If you filed a claim form last year as blind or disabled and turned 62 during 2001, you must file as 62 or older by checking box A then go to line 5.



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Proof of Age

If you are at least 62 years old, and received Supplemental Security Income (SSI), you do not need to send a proof of age document with your claim form.

Your signature in Step H allows the Franchise Tax Board to verify your age with the Department of Health Services.

If you do not receive SSI, you must send a proof of age document for the first year you file as 62 years old or older. The proof of age document will become a permanent part of your record.

Attach a copy (do not send original documents) of **one** of the following:

- Birth certificate;
- Medi-Cal Benefits Identification Card (BIC);
- Hospital birth record;
- Church baptismal record; **or**
- Social security award letter that states your date of birth.

If you do not have any of the above documents, you should send a **copy** of any document that proves that you are 62 years old. Explain how the document proves your age.

Do not send your original Medi-Cal Benefits Identification Card as proof of age.

We cannot accept the following documents as proof of age:

- A copy of a California driver's license or identification card; or
- A Medicare card issued after June 30, 1973.

Line 4b – Under 62 and Blind

If you are blind but less than 62 years old, check box B then go to line 5.

You are considered blind if you have a statement from a doctor that says you have either:

- Central vision acuity (sharpness of vision) of no more than 20/200 with correction; or
- Tunnel vision, which is a limited visual field of no more than 20 degrees.

Line 4c – Under 62 and Disabled

If you are disabled but less than 62 years old, check box C. Then go to line 5.

You are considered disabled if you are unable to engage in any substantial gainful activity because of a physical or mental impairment that is expected to last for a continuous period of 12 months or longer. Further, you are considered to be disabled only if the physical or mental impairment is so severe that you are not only unable to do your previous type of work, but also cannot do **any** kind of substantial gainful work considering age, education, and work experience.

A disabled minor child who receives SSI can qualify for Renter Assistance provided that the child's parent or guardian can supply all of the following:

- A copy of the SSI letter; or
- A statement from a physician, made under penalty of perjury, verifying that the child's disability meets the condition of impairment defined in Section 12050 of the Welfare and Institution Code.
- A rental agreement or contract made by the parent or guardian with a third party on behalf of the child to live in a separate residence outside the family home (generally a group home).

Note: Living in a foster home does **not** qualify the child for HRA purposes.



Proof of Blindness or Disability

- Proof of blindness or permanent disability is required only the first year you file a renter assistance claim. You will not need to send proof again as long as your condition remains the same.
- Proof of temporary disability is required each year that you file a renter assistance claim.

If you receive SSI, you do not need to send a document with your claim form to prove your blindness or disability. Your signature in Step H allows the Franchise Tax Board to verify your blindness or disability with the Department of Health Services.

Exception: If you received an SSI payment decision but have not received any payments yet, send a copy of the SSI decision.

If you do not receive SSI, you must provide a statement of blindness or disability signed by a registered optometrist or physician on the optometrist's or physician's letterhead. **You must submit the original statement (not a copy).** The statement must include the dates and nature of the blindness or disability. You may also send a **copy** of your Medicare card if you were receiving social security as a blind or disabled person on December 31, 2001. If you do not have a Medicare card, you may send a copy of your social security award letter.

We cannot accept your Medi-Cal Benefits Identification Card as proof of blindness or disability.

STEP C Rental Information

Line 5 – Enter the total number of months during 2001 that you lived in a qualified rented residence in California and paid \$50 or more per month for rent.

Line 6 – If the address where you lived during 2001 is different than the address you entered in Step A, or if the address in Step A is a post office box, enter your 2001 residence address.

Line 7 – Landlord Information

Enter the name, address, and telephone number of your landlord or the person to whom you paid rent during 2001. If you had more than one landlord, attach a list of your other landlords with their names, addresses, and telephone numbers and dates rented.

STEP D Income of Household Members

You must enter the total household income received by all household members for the entire 2001 calendar year. Total household income from all members includes your income, your spouse's income if you are married, and the income received by any other person who lived in your home (only enter the income that the other persons received while living in your home during the 2001 calendar year). However, do not include the income of minors, full time students (under the age of 24 years), other renters, or the owner of the rented residence.

Line 8 – Social Security/Railroad Retirement

Enter the total **yearly** amount of social security (including the amount deducted for Medicare premiums) and railroad retirement received by any household member, regardless of its source or taxability.

Line 9 – Interest, Dividends, and/or Gain (or Loss)

Enter the combined total **yearly** amount of interest, dividends, and capital gain (or loss) received by any member of the household regardless of source or taxability.

Combine the amount of income (or loss) from the sale of assets with total yearly interest and dividends. You may use California Schedule D, Capital Gain or Loss Adjustment, to figure California gain or loss (not the adjustment). The maximum deductible net loss from the sale of capital assets is \$3,000. Examples of capital assets are stocks and bonds.

You may use California Schedule D-1, Sales of Business Property, to figure net ordinary income or loss on the sale of business property.

Line 10 – Pensions and/or Annuities

Enter the total **yearly** amount of pensions and annuities received by any member of the household. Include disability retirement payments and IRA distributions regardless of source or taxability.

Line 11 – SSI/SSP, AB, and ATD

Enter the total **yearly** amount of the following income items or assistance types received by you, your spouse, or any household member:

- SSI/SSP (Supplemental Security Income/State Supplemental Plan);
- AB (Aid to the Blind); and
- ATD (Aid to the Totally Disabled).

Note: These payments are often called “Gold Checks.”

Line 12 – Rental and Business Income (or Loss)

Enter the amount of net rental income (or loss). You may use federal Schedule E (Form 1040), Supplemental Income and Loss or California Schedule CA (Form 540), California Adjustments. If you did not complete the federal Schedule E or California Schedule CA, provide the income or loss amount from any supporting document. Do not enter your rent payments.

Enter the amount of net income (or loss) from your business. You may use federal Schedule C or C-EZ (Form 1040), Profit or Loss From Business, for business income (or loss), or federal Schedule F (Form 1040), Profit or Loss From Farming, for farm income (or loss).

Line 13 – Other Income (Including Wages)

Enter the total **yearly** amount of other income received by you, your spouse, and the other members of your household during 2001. Some of the types of income that you must include on line 13 are:

- Wages;
- Alimony received;
- Life insurance proceeds to the extent they exceed the expenses incurred for the last illness and funeral of a deceased spouse or the claimant;
- Veteran’s benefits;
- Unemployment insurance benefits;
- Worker’s compensation for temporary disability (amounts for permanent disability must be entered on line 11);
- Amounts received from an employer or any government body for loss of wages due to sickness or accident (sick-leave payments);
- Military compensation (including nontaxable military compensation);
- Scholarships and fellowship grants;
- Nontaxable gain from the sale of a residence;
- California lottery winnings in excess of \$600 in 2001; 100% of other lottery winnings;
- Gifts and inheritances (including noncash items) in excess of \$300, except transfers between members of the same household;

- Amounts received from an estate or trust that were not included on any other line;
- Amounts contributed by or on behalf of the claimant to a tax sheltered retirement plan or deferred compensation plan;
- The amount of alternative minimum taxable income in excess of your regular taxable income, if you were required to pay alternative minimum tax on your 2001 California income tax return; and
- Public assistance and relief, other than as excluded below.

Types of income that you must **not** include on line 13 are:

- Temporary Assistance for Needy Families, formerly Aid to Families with Dependent Children (AFDC);
- Foster care payments;
- Federal heating rebates;
- Utility company refunds or assistance;
- Medicare or Medi-Cal reimbursements for medical expenses; and
- Homeowner or renter assistance payments.

Renter assistance will not be included as income or resources in determining the amount of public assistance payments to which you are entitled. Therefore, payments or assistance you or your spouse receive, such as food stamps, Temporary Assistance for Needy Families, SSI/SSP, or payment for homemaker/chore services will not be reduced as a result of filing this claim.

Line 14 – Subtotal

Add line 8 through line 13.

STEP E Adjustments to Income

Line 15 – Adjustments to Income

You may deduct the following from your income:

- **Individual Retirement Arrangement Deduction** – Deduct your deductible contribution to an Individual Retirement Account (IRA), Keogh (HR 10), Simplified Employee Plan (SEP), or Savings Incentive Match Plans for Employees (SIMPLE).
- **Student Loan Interest Deduction** – Deduct the amount allowed for California personal income tax.
- **Archer Medical Savings Account (MSA) Deduction** – Deduct the amount you contributed to an MSA.
- **Moving Expenses** – Deduct allowable moving expenses that were not reimbursed by your employer.
- **Self-employment tax deduction** – Deduct one-half of your self-employment tax imposed for the taxable year.
- **Self-employed health insurance deduction** – Deduct the amount allowed for California personal income tax.
- **Forfeited interest penalty on early withdrawal of savings** – Deduct the penalty charged for premature withdrawal from a savings account.
- **Alimony paid** – Deduct court-ordered alimony payments.

You may **not** subtract these items from your household income:

- | | |
|---|---|
| • Rent paid; | • Fees; |
| • Utilities; | • Medical bills; and |
| • Repairs; | • Interest paid on loans |
| • Taxes (other than self-employment tax); | (other than interest on qualified education loans). |

STEP F Total Household Income

Line 16 – Total Household Income

Subtract line 15 from line 14. Enter the result on line 16. If the amount on line 16 is **more** than \$37,119, stop. You do **not** qualify for renter assistance.

STEP G Renter Assistance Claimed

Line 17 – Renter Assistance Claimed

The amount of renter assistance you will receive will be figured for you. You do not have to complete this line. If you wish to figure the amount of assistance, see “Worksheet to Figure the Amount of Renter Assistance” on page 17.

Note: The law provides that no payment is permitted if the amount of allowable assistance is \$5 or less.

STEP H Signature, Date, and Telephone Number

Authorization

If you receive SSI, the Franchise Tax Board can verify with the Department of Health Services that you meet the age, disability, or blindness requirement. This helps us process your claim faster. In addition, other eligibility criteria may be verified with the Department of Health Services and other state or federal agencies.

Declaration

Your signature on form FTB 9000R, Step H, is also your declaration of your qualified alien or citizenship status.

Sign and Date Your Claim Form

You must sign and date your claim form in the space provided. You may sign by making a mark in front of a witness. The word “witness” and the witness’s signature **must** be entered after your mark. If you are filing on behalf of a deceased spouse, print “Surviving Spouse” after your signature. See instructions for Death of Claimant on page 5.

Preparer Tax Identification Number (PTIN)

Tax professionals have the option of providing their individual Social Security Number (SSN) or Preparer Tax Identification Number (PTIN) on claims they prepare. The alternative number can be used in lieu of an SSN beginning January 1, 2000. Preparers who want a PTIN must complete and submit federal Form W-7P, Application for Preparer Tax Identification Number, to the IRS.

Enter Your Telephone Number

Your telephone number is important. If the need arises, we can provide you with faster and more complete service if we can contact you by telephone rather than in writing.

Review and Mail Your Claim Form

Review Your Claim Form

Review your claim form to make sure it is complete and correct. Be sure to attach any copies of documents that were requested in the instructions (see list on page 12). If the required documents are not attached to your claim form, your check will be delayed until the Franchise Tax Board receives and processes the missing documents.

Attach copies of the following required documents that apply to your claim:

- Proof of age (required for the first year you file as 62 or older (see page 6 for additional information));
- Proof of blindness or permanent disability (required for the first year you file as blind or permanently disabled);
- Proof of temporary disability (required each year you file as disabled) unless you provide information that shows a permanent disability; and
- If the claim is signed by someone acting as an Attorney in Fact, a copy of the Power of Attorney must be submitted with the claim.

Mail Your Claim Form

Mail your claim form and attached documents to:

FRANCHISE TAX BOARD
PO BOX 942886
SACRAMENTO CA 94286-0904

In most cases, renter assistance checks will be mailed within 15 weeks from the date you filed your claim.

Privacy Act Notice

The Information Practices Act of 1977 and the Federal Privacy Act require that the following information be provided to individuals who are asked to supply information:

The official who is responsible for maintaining the information is the Director, Processing Services Bureau. Address your correspondence to:

DIRECTOR, PROCESSING SERVICES BUREAU
FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-1040

Telephone number:

- Within the United States (800) 338-0505
- Outside the United States (916) 845-6600

The Revenue and Taxation Code requires every person claiming benefits under the Homeowner and Renter Assistance Program to make a claim according to the forms and regulations prescribed by the Franchise Tax Board (Sections 20501 through 20646 and the Regulations pertaining thereto). Individuals making claims or providing statements or documents are required to include their social security numbers to ensure proper identification and to permit processing of the claims. (See also Section 205(c)(2) of the Federal Social Security Act as amended by Section 1211 of the Federal Tax Reform Act of 1976.)

The principal purposes for requesting information are to permit the department to properly respond to homeowner and renter assistance claims and other communications and to determine the validity of claims. Filing a claim for assistance is voluntary. However, if a claim is filed, the applicant must complete the form and provide all requested information for the claim to be considered. Assistance shall not be allowed based on incomplete or inaccurate claims.

As authorized by law, information furnished on the form may be transferred to the federal Immigration and Naturalization Service and to the following governmental agencies and officials of the State: Board of Control, Board of Equalization, Department of Finance, Office of the State Controller, Auditor General, and Legislative Analyst. An individual has a right of access to records containing his/her personal information that are maintained by the Franchise Tax Board.

Renter

2002 Assistance Claim (for income received in 2001)

9000R

STEP A

Name,
address,
and
social
security
number

SSN

| | | | | |
|---|--|---|-----------|----------|
| Your first name | | Initial | Last name | |
| Spouse's first name | | Initial | Last name | |
| Present home address — number and street, PO Box or rural route | | | | Apt. no. |
| City, town, or post office | | | | State |
| | | | | ZIP Code |
| Your social security number | | Spouse's social security number | | |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |

IMPORTANT:

Your social security number
is required.

STEP B

Filing
Status

- Are you a United States citizen? Check "Yes" or "No" .. ☐ YES ☐ NO
If you checked "Yes," skip line 2 and go to line 3.
If you checked "No," go to line 2.
 - Benefit Eligibility for Noncitizens** **2a.**
If you are not a citizen of the United States, go to page 19. If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 19 on line 2a. Then enter your alien registration number on line 2b and your date of entry into the United States on line 2c.
2b. Alien Status Code
2c. Alien Registration Number
2c. Date of Entry
2c. Date of Birth
 - Enter your date of birth** (example: 0 5 / 2 1 / 1 9 3 8) **3.**
You must enter your date of birth MM DD Y Y Y Y
 - Check the appropriate box if you were **one** of the following on December 31, 2001:
 - A. 62 years or older ☐ ☐
 - B. Under 62 and blind ☐ ☐
 - C. Under 62 and disabled (not blind) ☐ ☐
- See the instructions on page 6, line 4a if you turned 62 on 1/1/02. See instructions on page 6 and page 7 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Renter Assistance claim.*

STEP C

Rental
Information

Complete
line 5
through
line 7.

- Enter the total number of months during 2001 that you lived in a qualified rented residence in California.
See instructions **5.** _____ months
- If the address where you lived during 2001 is different than the address you entered in Step A, or if the address in Step A is a post office box, enter your 2001 residence address. (If more than one rented residence attach a list.)
Street Address _____ City _____
State and ZIP Code _____
RENTED FROM ____ / ____ / ____ TO ____ / ____ / ____
- Enter the name, address, and telephone number of your landlord or the person to whom you paid rent during 2001.**
NAME _____
ADDRESS _____ APT. OR UNIT NO. _____
CITY _____ STATE and ZIP CODE _____
TELEPHONE () _____

STEP D

Income of household members

On line 8 through line 13 enter your total household income for the 2001 calendar year. See instructions on page 8 and page 9.

(Dollars) (Cents)

| | | | |
|--|-----|--|--|
| 8. Social Security and/or Railroad Retirement | 8. | | |
| 9. Interest, Dividends, and/or Gain (or Loss) | 9. | | |
| 10. Pensions and/or Annuities | 10. | | |
| 11. SSI/SSP, AB, and ATD (Gold Check). See page 9 (full year total) | 11. | | |
| 12. Rental and Business Income (or Loss) See page 9. Do not enter your monthly rent payments. | 12. | | |
| 13. Other Income (including wages). See page 9 | 13. | | |
| 14. SUBTOTAL. Add line 8 through line 13 | 14. | | |

STEP E

Adjustments to income

| | | | |
|--|-----|--|--|
| 15. Adjustments to Income. See page 10 | 15. | | |
|--|-----|--|--|

STEP F

Total household income

| | | |
|---|--|--|
| 16. TOTAL HOUSEHOLD INCOME IN 2001. Subtract line 15 from line 14 • 16. If line 16 is more than \$37,119, stop. You do not qualify. | | |
|---|--|--|

STEP G

Renter assistance claimed

You do not have to complete line 17. If you stop here, we will figure the amount of assistance for you.

| | | | |
|--|-----|--|--|
| 17. Renter assistance claimed. (Cannot exceed \$347.50) See page 17 | 17. | | |
|--|-----|--|--|

Reminder

If this is your first year filing a Renter Assistance claim and you did not receive SSI, please provide proof of your age, disability, or blindness.

If you filed a claim last year and are under 62 years old, you will need to provide proof of your temporary disability if you did not receive SSI. (This is an annual requirement)

STEP H

Signature, date, and telephone number

Caution: To avoid delay of your check, be sure to provide all requested information, sign below, and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Renter Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete.

Sign Here ➡

X _____ Date _____
Claimant's signature

Claimant's Daytime Telephone Number () _____

Paid Preparer's Use Only

| | | | |
|--|------|---|--|
| PREPARED'S SIGNATURE ➡ | Date | Check if self-employed <input type="checkbox"/> | Preparer's social security number/PTIN |
| FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ➡ | | | FEIN/PTIN |
| | | | TELEPHONE () |

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| L | D | I | A | R | RES |
| | | | | | |

Renter

2002 Assistance Claim (for income received in 2001)

9000R

STEP A

Name,
address,
and
social
security
number

SSN

| | | | | |
|---|--|---|-----------|----------|
| Your first name | | Initial | Last name | |
| Spouse's first name | | Initial | Last name | |
| Present home address — number and street, PO Box or rural route | | | | Apt. no. |
| City, town, or post office | | | | State |
| | | | | ZIP Code |
| Your social security number | | Spouse's social security number | | |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |

IMPORTANT:

Your social security number
is required.

STEP B

Filing
Status

- Are you a United States citizen? Check "Yes" or "No" .. ☐ YES ☐ NO
If you checked "Yes," skip line 2 and go to line 3.
If you checked "No," go to line 2.
 - Benefit Eligibility for Noncitizens** **2a.**
If you are not a citizen of the United States, go to page 19. If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 19 on line 2a. Then enter your alien registration number on line 2b and your date of entry into the United States on line 2c.
2b. Alien Status Code
2c. Alien Registration Number
2c. Date of Entry
2c. Date of Birth
 - Enter your date of birth** (example: 0 5 / 2 1 / 1 9 3 8) **3.**
You must enter your date of birth MM DD Y Y Y Y
 - Check the appropriate box if you were **one** of the following on December 31, 2001:
 - A. 62 years or older ☐ ☐
 - B. Under 62 and blind ☐ ☐
 - C. Under 62 and disabled (not blind) ☐ ☐
- See the instructions on page 6, line 4a if you turned 62 on 1/1/02. See instructions on page 6 and page 7 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Renter Assistance claim.*

STEP C

Rental
Information

Complete
line 5
through
line 7.

- Enter the total number of months during 2001 that you lived in a qualified rented residence in California.
See instructions **5.** _____ months
- If the address where you lived during 2001 is different than the address you entered in Step A, or if the address in Step A is a post office box, enter your 2001 residence address. (If more than one rented residence attach a list.)
Street Address _____ City _____
State and ZIP Code _____
RENTED FROM ____ / ____ / ____ TO ____ / ____ / ____
- Enter the name, address, and telephone number of your landlord or the person to whom you paid rent during 2001.
NAME _____
ADDRESS _____ APT. OR UNIT NO. _____
CITY _____ STATE and ZIP CODE _____
TELEPHONE () _____

STEP D

Income of household members

On line 8 through line 13 enter your total household income for the 2001 calendar year. See instructions on page 8 and page 9.

(Dollars) (Cents)

| | | | |
|--|-----|--|--|
| 8. Social Security and/or Railroad Retirement | 8. | | |
| 9. Interest, Dividends, and/or Gain (or Loss) | 9. | | |
| 10. Pensions and/or Annuities | 10. | | |
| 11. SSI/SSP, AB, and ATD (Gold Check). See page 9 (full year total) | 11. | | |
| 12. Rental and Business Income (or Loss) See page 9. Do not enter your monthly rent payments. | 12. | | |
| 13. Other Income (including wages). See page 9 | 13. | | |
| 14. SUBTOTAL. Add line 8 through line 13 | 14. | | |

STEP E

Adjustments to income

| | | | |
|--|-----|--|--|
| 15. Adjustments to Income. See page 10 | 15. | | |
|--|-----|--|--|

STEP F

Total household income

| | | |
|---|--|--|
| 16. TOTAL HOUSEHOLD INCOME IN 2001. Subtract line 15 from line 14 • 16. If line 16 is more than \$37,119, stop. You do not qualify. | | |
|---|--|--|

STEP G

Renter assistance claimed

You do not have to complete line 17. If you stop here, we will figure the amount of assistance for you.

| | | | |
|--|-----|--|--|
| 17. Renter assistance claimed. (Cannot exceed \$347.50) See page 17 | 17. | | |
|--|-----|--|--|

Reminder

If this is your first year filing a Renter Assistance claim and you did not receive SSI, please provide proof of your age, disability, or blindness.

If you filed a claim last year and are under 62 years old, you will need to provide proof of your temporary disability if you did not receive SSI. (This is an annual requirement)

STEP H

Signature, date, and telephone number

Caution: To avoid delay of your check, be sure to provide all requested information, sign below, and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Renter Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete.

Sign Here ➡

X _____ Date _____
Claimant's signature

Claimant's Daytime Telephone Number () _____

Paid Preparer's Use Only

| | | | |
|--|------|---|--|
| PREPARED'S SIGNATURE ➡ | Date | Check if self-employed <input type="checkbox"/> | Preparer's social security number/PTIN |
| FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ➡ | | | FEIN/PTIN |
| | | | TELEPHONE () |

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| | | | | | |
|----------|----------|----------|----------|----------|------------|
| L | D | I | A | R | RES |
| | | | | | |

Worksheet to Figure the Amount of Renter Assistance

If you want, we will figure the amount of renter assistance for you. You may, however, figure this amount as follows:

If you were a qualified renter for **all of 2001**, your allowable assistance will be based on the total household income (form FTB 9000R, line 16) as shown in the Renter Assistance Schedule below.

If you were a qualified renter for **less than 12 months** during 2001 complete line 1 through line 4 to figure your assistance.

1. Enter the amount of assistance from the Renter Assistance Schedule below for your total household income shown on form FTB 9000R, line 16 1. \$ _____
2. Enter the total number of months during 2001 that you lived in a qualified rented residence in California shown on form FTB 9000R, line 5 2. x _____
3. Multiply the amount on line 1 by the number on line 2 3. \$ _____
4. Divide the answer on line 3 by 12 (months). This is your allowable assistance. Enter this amount on form FTB 9000R, line 17 4. \$ _____

Example: Total household income is \$13,611 and the residence was rented for 9 months.

1. Amount of assistance from the Renter Assistance Schedule below 1. \$ 290.00
2. Number of months shown on form FTB 9000R, line 5 2. x 9
3. Multiply line 1 by line 2 3. \$2,610.00
4. Divide line 3 by 12 (months). This is your allowable assistance 4. \$ 217.50

Renter Assistance Schedule

| If your total household income is | | Your renter assistance is | If your total household income is | | Your renter assistance is |
|-----------------------------------|----------|---------------------------|-----------------------------------|----------|---------------------------|
| From | To | | From | To | |
| \$0 | \$ 9,279 | \$347.50 | 20,418 | 21,035 | 147.50 |
| 9,280 | 9,898 | 340.00 | 21,036 | 21,654 | 135.00 |
| 9,899 | 10,516 | 332.50 | 21,655 | 22,272 | 122.50 |
| 10,517 | 11,135 | 327.50 | 22,273 | 22,890 | 112.50 |
| 11,136 | 11,755 | 320.00 | 22,891 | 23,510 | 102.50 |
| 11,756 | 12,373 | 312.50 | 23,511 | 24,128 | 90.00 |
| 12,374 | 12,991 | 305.00 | 24,129 | 24,746 | 80.00 |
| 12,992 | 13,610 | 297.50 | 24,747 | 25,365 | 72.50 |
| 13,611 | 14,229 | 290.00 | 25,366 | 25,983 | 65.00 |
| 14,230 | 14,848 | 282.50 | 25,984 | 26,602 | 57.50 |
| 14,849 | 15,466 | 275.00 | 26,603 | 27,221 | 50.00 |
| 15,467 | 16,085 | 265.00 | 27,222 | 27,839 | 42.50 |
| 16,086 | 16,704 | 250.00 | 27,840 | 29,387 | 37.50 |
| 16,705 | 17,323 | 235.00 | 29,388 | 30,933 | 30.00 |
| 17,324 | 17,941 | 220.00 | 30,934 | 32,481 | 25.00 |
| 17,942 | 18,560 | 207.50 | 32,482 | 34,027 | 22.50 |
| 18,561 | 19,178 | 192.50 | 34,028 | 35,573 | 17.50 |
| 19,179 | 19,796 | 177.50 | 35,574 | 37,119 | 15.00 |
| 19,797 | 20,417 | 162.50 | 37,120 | And Over | 0.00 |

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visit our website:

www.ftb.ca.gov

Chart for Finding the Benefit Eligibility Code for Noncitizens

Are you a United States citizen?

Yes STOP. You **must** check the “Yes” box on line 1 of form FTB 9000R. You do not need to read this page.

No You **must** enter an eligibility code from the chart below on line 2a of form FTB 9000R:

Follow the instructions below for determining your eligibility code.

General Information

If you are not a United States citizen, you may file a claim for renter assistance only if you are one of the following when you file your claim:

- A qualified alien;
- A nonimmigrant alien under the Immigration and Nationality Act (INA); or
- An alien paroled into the United States under Section 212(d)(5) of the INA for less than one year.

These categories of aliens are described further by the Eligibility Code Chart for Noncitizens below.

Undocumented aliens and aliens not described below are not eligible to receive homeowner or renter assistance and should not complete a claim form.

Instructions

If you are **not** a United States citizen, find the category listed below that accurately describes your presence or admission to the United States. Transfer the alien status code letter for that category to form FTB 9000R, line 2a.

Note: If you have questions regarding your immigration status, contact your local Immigration and Naturalization Service (INS) office.

Eligibility Code Chart for Noncitizens

| If you are: | Use Alien Status Code: |
|--|------------------------|
| <ul style="list-style-type: none">• An alien lawfully admitted for permanent residence under the INA;• An alien who (or whose child or child’s parent) has been battered or subjected to extreme cruelty in the United States by a spouse or parent or by a spouse or parent’s family member living in the same house; OR• The child of an alien who has been battered or subjected to extreme cruelty in the United States by a spouse or parent or by a spouse or parent’s family member living in the same house. | B |
| An alien who is granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980. | C |
| An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect immediately prior to September 30, 1996) or Section 241(b)(3) of the INA (as amended by Section 305 (a) of division C of Public Law 104-208). | D |
| An alien who is granted asylum under Section 208 of the INA. | E |
| A refugee admitted to the United States under Section 207 of the INA. | F |
| An alien paroled into the United States for one year or more under Section 212(d)(5) of the INA. | G |
| An alien who is a Cuban or Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980). | H |
| An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA. | I |
| A nonimmigrant alien, as defined in Section 101(a)(15) of the INA, admitted under the INA (8 U.S.C. Section 1101...). | J |

You do not qualify for renter assistance if:

- Your alien status is not described above.
- You are an undocumented alien. Undocumented aliens do not qualify for most public benefits, including renter assistance.



Toll-Free Phone Service

Our phone service is available 24 hours a day, 7 days a week. You can hear prerecorded answers to many of your questions about Homeowners and Renters Assistance in English and Spanish. For your convenience, please have paper and pencil ready to take notes.

Call:

From within the United States (800) 338-0505
From outside the United States (916) 845-6600
(not toll-free)

Select Homeowner and Renter Assistance, then General Information and enter the three-digit code when instructed. Answers to some of the General Information questions below may be found in your claim booklet.

Code General Information

- 800 What is homeowner assistance and what is the maximum amount a claimant can receive?
- 801 What is renter assistance and what is the maximum amount a claimant can receive?
- 802 Do I need to report my assistance payment as income on my California tax return?
- 803 Who is eligible for homeowner assistance?
- 804 Who is eligible for renter assistance?
- 805 Can I file a claim for both homeowner and renter assistance?
- 806 Will the homeowner assistance create a lien on my house?
- 807 When will I get my assistance check?
- 808 Can I file an assistance claim for past years?
- 810 How can I prove my age?
- 811 How can I prove my blindness or disability?
- 812 How do I compute my gross household income?
- 816 I need assistance on my property tax bill. Who do I contact?
- 818 When should I file my homeowner or renter assistance claim?
- 819 Who do I contact about low-income housing?
- 821 I lived in a mobile or manufactured home. Which claim form should I file?
- 822 Can I deduct my prior year Net Operating Loss?
- 823 Can I file on behalf of my disabled minor child?
- 824 I lived in a mobile or manufactured home. What documents do I attach to my homeowner assistance claim?
- 825 I lived on tax exempt property. Do I qualify for renter assistance?

Status of Your Assistance Payment – Find out the status of your assistance payment by calling (800) 338-0505 and selecting Homeowner and Renter Assistance Payment Information. Please allow 15 weeks from the date you mailed your claim for processing to be completed.

Where to Get Claim Forms

By Internet – You can download, view, and print claim forms and publications from our Website at:
www.ftb.ca.gov

By Mail – Write to: TAX FORMS REQUEST UNIT, FRANCHISE TAX BOARD, PO BOX 307, RANCHO CORDOVA CA 95741-0307.

By Phone – You can order current year claim forms and publications by calling (800) 338-0505 and selecting Homeowner and Renter Assistance, then select order forms. Refer to the list below to find the code number for the form or publication you want to order:

| Code | Homeowner and Renter Assistance Forms and Publications |
|------|--|
| 700 | Form FTB 9000, Homeowner Assistance Claim Booklet |
| 701 | Form FTB 9000R, Renter Assistance Claim Booklet |
| 702 | FTB 9000 AUD, Homeowner Assistance Claim Booklet on Audio Cassette |
| 703 | FTB 9000R AUD, Renter Assistance Claim Booklet on Audio Cassette |
| 704 | 2002 Property Tax Postponement for Senior Citizens, Blind or Disabled Citizens |
| 705 | FTB Pub. 9050, Homeowner Assistance Renter Assistance & Property Tax Postponement |
| 706 | FTB Pub. 9051, Asistencia de Propietarios de Casa, Asistencia de Inquilinos y Diferimiento de Impuestos de Propiedad |
| 707 | Form FTB 9106, Household Income Schedule |
| 708 | Form FTB 9225 C-1, Declaration of Citizenship, Alienage, and Immigration Status |
| 709 | Form FTB 9109, Cooperative Membership |

Where to Mail Your Claim Form

FRANCHISE TAX BOARD
PO BOX 942886
SACRAMENTO CA 94286-0904

Additional Services

Assistance for persons with disabilities

We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments please call:

From TTY/TDD (800) 822-6268

Asistencia Bilingüe en Español

Para obtener servicios en Español y asistencia gratuita para completar su declaración de impuestos/formularios, llame al número de teléfono (anotado arriba) que le corresponde.

Usted puede calificar para asistencia de una parte de los impuestos sobre la propiedad que usted rento si en Diciembre 31 de 2001, usted tenía 62 años (o más) o estaba ciego o incapacitado, y fué inquilino de la casa donde vivía, y su ingreso por año no fué más de \$37,119 y usted es ciudadano de los Estados Unidos o un extranjero designado (incluyendo extranjeros calificados) como se describe en la página 19 de este folleto.

Formularios para solicitar ésta asistencia deben ser entregados del primero de Julio 2002, al 30 de Junio 2003.